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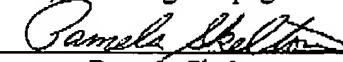
I hereby certify that the following document(s) in re Application of George H. Lowell, Application No. 09/407,327, filed September 28, 1999 for Oral or Intranasal Vaccines Using Hydrophobic Complexes Having Proteosomes and Lipopolysaccharides is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form;
2. Fee Transmittal Form;
3. Fee(s) Transmittal;
4. Revocation of Power of Attorney and Appointment of New Power of Attorney; and
5. Statement Under 37 CFR 3.73(b)

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Dated: May 7, 2004



Pamela Skelton

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/407,327
		Filing Date	September 28, 1999
		First Named Inventor	George H. Lowell
		Art Unit	1645
		Examiner Name	Robert A. Zeman
Total Number of Pages In This Submission	5	Attorney Docket Number	021988.000320US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> <small>Fee Transmittal, Statement Under 37 CFR 3.73(b)</small>		
		Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Karen B. Dow	
Signature	<i>Karen Babayak Dow</i>	
Date	May 7, 2004	

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